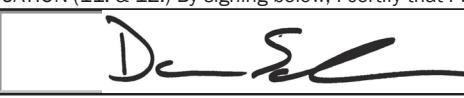


UNITED STATES DISTRICT COURT DISTRICT OF MINNESOTA (Rev. 03/2018)	TRANSCRIPT ORDER <i>CJA counsel please complete an AUTH24 in CJA eVoucher</i> Please read instructions on next page.					COURT USE ONLY NOTES:																																																																																																																									
1a. CONTACT PERSON FOR THIS ORDER Daniel Schiller		2a. CONTACT PHONE NUMBER 612-664-5661		3. CONTACT EMAIL ADDRESS daniel.schiller@usdoj.gov																																																																																																																											
1b. ATTORNEY NAME (if different) Provinzino, Laura		2b. ATTORNEY PHONE NUMBER 612-664-5600		3. ATTORNEY EMAIL ADDRESS laura.provinzino@usdoj.gov																																																																																																																											
4. MAILING ADDRESS (INCLUDE LAW FIRM NAME, IF APPLICABLE) 300 S 4th Street, Ste 600 Minneapolis, MN 55415			5. CASE NAME (Include defendant number, for criminal cases only) US v Patel et al			6. CASE NUMBER 22-040																																																																																																																									
8. THIS TRANSCRIPT ORDER IS FOR (CHECK ALL THAT APPLY): <input type="checkbox"/> APPEAL <input checked="" type="checkbox"/> CRIMINAL <input type="checkbox"/> NON-APPEAL <input type="checkbox"/> CIVIL										CJA: Do not use this form; use AUTH24 in CJA. <input type="checkbox"/> In forma pauperis (NOTE: Court order for TRANSCRIPTS must be attached) <input type="checkbox"/> Standing Order (MDL only)																																																																																																																					
9. TRANSCRIPT(S) REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested), format(s) & quantity and delivery type: <table border="1"> <tr> <th colspan="3">a. HEARING(S) (OR PORTIONS OF HEARINGS)</th> <th colspan="4">b. SELECT FORMAT(S) NOTE: ECF access is included.</th> <th colspan="4">c. DELIVERY TYPE Delivery times are not guaranteed.</th> </tr> <tr> <th>DATE</th> <th>JUDGE (initials)</th> <th>PORTION If requesting less than full hearing, specify portion (e.g. witness or time)</th> <th>PDF (email)</th> <th>TEXT/ASCII (email)</th> <th>PAPER</th> <th>CONDENSED</th> <th>ORDINARY (30-day)</th> <th>14-Day</th> <th>EXPEDITED (7-day)</th> <th>EXPEDITED (3-day)</th> <th>DAILY (Next day)</th> <th>HOURLY (2 hrs)</th> <th>REALTIME (rough draft)</th> </tr> <tr> <td>5/9/24</td> <td>lib</td> <td>motions</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>											a. HEARING(S) (OR PORTIONS OF HEARINGS)			b. SELECT FORMAT(S) NOTE: ECF access is included.				c. DELIVERY TYPE Delivery times are not guaranteed.				DATE	JUDGE (initials)	PORTION If requesting less than full hearing, specify portion (e.g. witness or time)	PDF (email)	TEXT/ASCII (email)	PAPER	CONDENSED	ORDINARY (30-day)	14-Day	EXPEDITED (7-day)	EXPEDITED (3-day)	DAILY (Next day)	HOURLY (2 hrs)	REALTIME (rough draft)	5/9/24	lib	motions	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>																																																		
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10. ADDITIONAL COMMENTS, INSTRUCTIONS, QUESTIONS, ETC: L0099 - copy											12. DATE May 16, 2024																																																																																																																				
ORDER & CERTIFICATION (11. & 12.) By signing below, I certify that I will pay all charges (deposit plus additional).											12. DATE																																																																																																																				
11. SIGNATURE 		Digitally signed by DANIEL SCHILLER Date: 2024.05.16 10:04:41 -05'00'																																																																																																																													